

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550

# NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_

1. Corporate Name, Registered Agent and Registered Address:

Day Time Phone # \_\_\_\_\_

Federal Identification # \_\_\_\_\_

FILING DATE: Due during the month the  
Certificate of Incorporation was issued, and  
delinquent after the last day of the following  
month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED  
IN NUMBER ONE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is \_\_\_\_\_

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ \_\_\_\_\_ \*

\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

| NAME  | OFFICE         | STREET ADDRESS | CITY  | STATE | ZIP   |
|-------|----------------|----------------|-------|-------|-------|
| _____ | President      | _____          | _____ | _____ | _____ |
| _____ | Vice President | _____          | _____ | _____ | _____ |
| _____ | Secretary      | _____          | _____ | _____ | _____ |
| _____ | Treasurer      | _____          | _____ | _____ | _____ |

5. The names and addresses of directors (**State law requires a minimum of three**). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

| NAME  | OFFICE   | STREET ADDRESS | CITY  | STATE | ZIP   |
|-------|----------|----------------|-------|-------|-------|
| _____ | Director | _____          | _____ | _____ | _____ |
| _____ | Director | _____          | _____ | _____ | _____ |
| _____ | Director | _____          | _____ | _____ | _____ |

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated \_\_\_\_\_.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_, known to me, or proved to me,  
to be the \_\_\_\_\_ of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires \_\_\_\_\_

(Notarial Seal)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Notary Public)